MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

10/583830

FILING DATE

APPLICANT(S)

CLAIMS

			AFTER		AFTER	
	AS FILED		I"AMENDMENT		AFTER 2 ™ AMENDMENT	
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TOTAL CLAIMS	11		0		0	
CLAIMS		- ARMAGAN				9 (5)

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 ** AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100	-					
TOTAL IND.	0	-	0	•	0	+
TOTAL DEP.	0	←	0	←	0	+
TOTAL CLAIMS	0		0		0	
CLAIMS		U.S. DEPAR	ليبيا			54 SAMAGA

PTO - 1360 (REV. 04/2007)

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